# STATE OF NEW YORK DEPARTMENT OF FINANCIAL SERVICES

# DATA REQUIREMENTS FOR MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS

Greater Tompkins County Municipal Health Insurance Consortium

Name of MCHBP

FOR THE FISCAL QUARTER ENDING

September 30, 2015

To be filed 45 days from fiscal quarter end

Two copies of this Form bearing original signatures and notarization should be filed with the Department of Financial Services at the following address:

New York State Department of Financial Services Health Bureau One State Street, 11th Floor New York, New York 10004

2015 Revision

# **QUARTERLY STATEMENT**

FOR THE QUARTER ENDING	September 30, 2015

OF THE CONDITION AND AFFAIRS OF

# Greater Tompkins County Municipal Health Insurance Consortium (Name)

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.

	made to the New York State I	Department of Financial Sen	vices pursuant to the laws	s thereor.
Date Certified As An MCHBP:	October 1, 2010			
Commenced Business:	January 1, 2011			
Mailing Address:	c/o Richard Snyder, Director	r of Finance, Tompkins Cour	nty, 125 East Court Stree	t, Ithaca, NY 14850
Address of Main Administrative Office:	Same as Mailing Address			
Telephone Number:	(607)-274-5502	Employer's ID Number:		27-1447438
Principal Location of Books and Records:	Same as Mailing Address			
Name of Administrator:	N/A			
Name of Statement Contact Person:	Donald Barber, Executive D	irector		
Statement Contact Person E-mail	EDConsortium@tompkins-c	o.org	Telephone Number:	(607)-539-3395
Service Areas (Counties):	Tompkins			<del>-</del>
		OFFICERS*		
President:	Judith Drake		Other Officers:	Rordan Hart, Vice Chairperson
Secretary:	Charles Rankin	_	_	Richard Snyder, Treasurer
Chief Financial Officer:	Steven P. Thayer			Donald Barber, Executive Director
		GOVERNING BOARD*	,	
Name	Title			Municipality
Steven P. Thayer	CFO		City of Ithaca	wuricipality
Judith Drake	President Executive Director		Town of Ithaca	
Donald Barber Charles Rankin	Executive Director Secretary		Town of Caroline Village of Groton	
Rordan Hart	Vice Chairperson		Village of Trumansburg County of Tompkins	
Rick Snyder Mack Cook	Treasurer Board Member		City of Cortland	
John Fracchia	Board Member		Town of Caroline	
Laura Shawley Mary Ann Sumner	Board Member Board Member		Town of Danby Town or Dryden	
Herb Masser	Board Member		Town of Enfield	
Don Scheffler Kathy Miller	Board Member Board Member		Town of Groton Town of Lansing	
Nancy Zahler	Board Member		Town of Ulysses	
Alvin Doty Peter Salton	Board Member Board Member		Town of Willet Village of Cayuga Heigh	nts
Michael Murphy	Board Member		Village of Dryden	
Genevieve A. Suits Scott Weatherby	Board Member Board Member		Village of Homer CSEA, Tompkins Cortla	and Community College
Phil Van Wormer	Board Member		CSEA, County of Tomp	
Olivia Hersey Amy Guerreri #	Board Member Board Member		CSEA, Labor Rep County of Tompkins	
,				
STATE OF New York				
COUNTY OF	Tompkins			
	_	0		•
Steven Thayer	, President, . Chief Financial Officer (or	Charles Rankin Corresponding person havin	ng charge of the financial	_, Secretary,
records of the MCHBP) of the	Greater Tompkins County	Municipal Health Insurance	ce Consortium	_, being duly sworn, each for himself deposes
and says that they are the above described offi assets were the absolute property of the said N				
this Statement, together with related exhibits, s	chedules and explanations th	nerein contained, annexed or	r referred to is a full and to	rue
statement of all the assets and liabilities and of its income and deductions therefrom for the pe				
and and to produce the second	134			of the
Subscribed And Sworn To Before Me This	2015	Day of	100	President
1400 KMIDEL-			Charles	Secretary
(Month)	(Year)		Alun	Chief Financial Officer
Catherine	lows	-	/	
NOTARY PUBLIC (Seal)		-07		(Corporate Seal)
	CATHERINE COVE	New York		• or of • companies of 2000
i N	No. 4983156	. ~		
4	Tampkins	County (y)		
Cor	Qualified in Tompanio mission expires June	حسالاع رابع		
			Vec I V I	No.F. 1
•	(a) Is this an original filing?		Yes [X]	No [ ]
	(b) If no:	(i) state the amendment nu	mber	
		(ii) date filed		
		(iii) number of pages attach	and .	

Revised 2015

<sup>\*</sup>Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

September 30, 2015 (Quarter Ending)

#### REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999, Page NY 9)	-	-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	-
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	-	-
3. Real estate	14 009 007	7 059 073
4.1 Cash (Schedule A Line 0399999, Page NY 8) 4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	14,908,907	7,958,073
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	14,908,907	7,958,073
5. Premiums receivable (Schedule C, NY 10)	31,034	36,379
6. Other invested assets	,	-
7. Receivable for securities		-
Aggregate write-in for invested assets	-	-
9. Subtotal cash and invested assets (Lines 1 to 8)	14,939,941	7,994,452
10. Investment income due and accrued		<del>-</del> _
<ul><li>11. Reinsurance:</li><li>11.1 Amounts recoverable from reinsurers</li></ul>		125,000
11.2 Funds held by or deposited with reinsured companies		125,000
11.3 Other amounts receivable under reinsurance contracts		
12.1 Current federal income tax recoverable and interest		
thereon		-
12.2 Net deferred tax asset		<del>-</del>
13. Electronic data processing equipment and software		-
14. Furniture and equipment, including health care delivery assets		- 445.007
<ul><li>15. Health care and other amounts receivable</li><li>16. Aggregate write-in for other than invested assets</li></ul>	6,746,763	415,237 6,908,315
17. Total Assets(Lines 9 to 16)	21.686.704	15,443,004
77. Total / 100000 (Emilio 0 10 10)	21,000,701	10,110,001
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801.		
0802.		<u> </u>
0802. 0804.		
0805.		
0898. Summary of remaining write-ins for Item 8 from overflow page	-	
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER		
THAN INVESTED ASSETS		
1601. Restricted Cash	6,212,223	5,953,618
1602. Ancillary Benefits Receivable	-	-
1603. Excellus BCBS Prepaid Claims (Advance Deposit)	527,500	953,700
1604. Prepaid Expenses	7,040	997
1605.	-	-
1698. Summary of remaining write-ins for Item 16 from overflow page		6,000,045
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	6,746,763	6,908,315

<sup>\*</sup> As reported on Prior Year End filed Annual Statement.

## REPORT #1 — PART B: LIABILITIES AND NET WORTH

	Current Quarter	Previous Year *
	1 Total	2 Total
1 Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	3,897,834	3,800,339
Premiums received in advance	1,186,213	345,672
General expenses due or accrued	-	-
4.1 Current federal income tax payable and interest thereon	-	-
1.2 Net deferred tax liability	-	-
5. Ceded reinsurance premiums payable	-	-
Amounts withheld or retained for the account of others     Borrowed money and interest thereon	-	-
B. Payable for securities	-	<u>-</u>
Funds held under reinsurance treaties	_	
10. Aggregate write-ins for other liabilities	_	9.508
Accounts payable (Schedule G, NY12)	362,812	386,786
12. Claim stabilization reserve	-	-
Unearned premiums	-	-
4. Loans and notes payable	-	
Aggregate write-ins for current liabilities	8,925	-
6. Total liabilities (Lines 1 to 15)	5,455,784	4,542,305
17. Aggregate write-ins for special surplus funds	606,898	606,898
8. Gross paid-in and contributed surplus	- 42.744.450	0.400.000
19. Unassigned funds (surplus) 20. Surplus notes	13,744,450	8,490,636
20. Surplus notes 21. Surplus per Section 4706(a)(5) **	1,879,572	1,803,165
22. Total capital and surplus (Lines 17 to 21)	16,230,920	10,900,699
23. Total liabilities, capital, and surplus (Lines 16 + 22)	21,686,704	15,443,004
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES		
1001. Prepaid Ancillary Benefits Premiums	-	9,508
1002.	-	-
1003.	-	<u> </u>
004.	-	-
1005.	-	-
1098. Summary of remaining write-ins for Item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)	-	9,508
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT		
LIABILITIES		
1501. <u>Unearned Ancillary Benefits Premiums</u>	8,925	<del>-</del>
1502.	-	-
1503.	-	
505.		
1598. Summary of remaining write-ins for Item 15 from overflow page		
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	8,925	-
, , , , , ,		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS		
1701. Assigned for Catastrophic Claims	606,898	606,898
1702.	-	-
1703.	-	
1704.	-	-
1705.	-	-
1798. Summary of remaining write-ins for Item 17 from overflow page	-	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	606,898	606,898

<sup>\*</sup> As reported on Prior Year End filed Annual Statement.

 $<sup>^{\</sup>star\star}$  Calculation of current year reserves shown on NY14 (Schedule K).

#### REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH

	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1 Total	2 Total	3 Total	4 PMPM	5 PMPM
Member Months     Net premium income:	45,269	30,395	60,188	XXX	XXX
2.1 Basic 2.2 Drugs	21,781,232 6,412,346	20,772,710 6,434,590	27,616,979 8,446,312	481.15 141.65	458.8 140.3
2.3 Total	28,193,578	27,207,300	36,063,291	622.80	599.1
Change in unearned premium reserves and reserve for rate credits:     3.1 Basic	-	-	-	-	-
3.2 Drugs 3.2 Total	-	-	-	<u> </u>	-
Aggregate write-ins for other health care related revenues	-	-	-	-	-
5. Investment 6. Non-health revenues	9,693 94,683	9,551 103,568	12,641 134,659	0.21 XXX	XXX
7. Total revenues (Items 2 to 6)	28,297,954	27,320,419	36,210,591	625.11	601.62
Hospital and Medical:	15,471,697	17,146,023	22,704,500	044.77	377.23
Hospital/medical benefits     Other professional services	15,471,697	17,140,023	22,704,500	341.77	- 311.2
Outside referrals     Emergency room and out-of-area	-	-	-	-	-
2. Prescription drugs	5,948,885	5,504,661	7,050,989	131.41	117.1
Aggregate write-ins for other hospital and medical     Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
<ul><li>15. Aggregate write-ins for other expenses</li><li>16. Subtotal (Lines 8 to 15)</li></ul>	189,607 21,610,189	182,059 22,832,743	576,799 30,332,288	4.19 477.37	9.50 503.9
Less:					
<ol> <li>Net reinsurance recoveries</li> <li>Total hospital and medical (Lines 16-17)</li> </ol>	172,010 21,438,179	75,613 22,757,130	200,613 30,131,675	3.80 473.57	3.3 500.6
9. Claims adjustment expenses, including cost containment expenses			-	-	-
20. General administrative expenses 20.1 Compensation	47,209	35,797	50,939	1.04	0.8
20.2 Interest expense 20.3 Occupancy, depreciation, and amortization	-	-	-		-
20.4 Marketing	-	-	-	-	-
20.5 Professional Fees 20.6 Administration Fees	87,790 743,517	35,850 716,903	68,012 955,264	1.94 16.42	1.1 15.8
20.7 Consulting Fees	52,762	57,800	63,502	1.17	1.0
20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses	502,585 1,433,863	566,281 1,412,631	745,741 1,883,458	11.10 31.67	12.39 31.29
21. Increase in reserves for A&H contracts 22. Total underwriting deductions (Lines 18 to 21)	22,872,042	24,169,761	32,015,133	505.25	531.9
23. Net underwriting gain or (loss) (Lines 7 - 22)	5,425,912	3,150,658	4,195,458	119.86	69.7
24. Net investment income earned 25. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
26. Net investment gains or (losses) (Lines 24 + 25)	-	-	- (100 000)	-	-
27. Aggregate write-ins for other income or expenses 28. Net income or (loss) after capital gains tax and before all other	(95,692)	(107,308)	(129,008)	(2.11)	(2.14
federal income taxes (Lines 23 + 26 + 27)	5,330,220	3,043,350	4,066,450	117.75	67.56
29. Federal income taxes incurred 30. Net income (loss) (Lines 28 - 29)	5,330,220	3,043,350	4,066,450	117.75	67.56
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES 0401. 0402. 0403.	-		-	<u>-</u> -	- - -
0404 0405.	-	-	-	-	-
0498. Summary of remaining write-ins for Item 4 from overflow page 0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	-	-	-	-	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER					
HOSPITAL AND MEDICAL 1301.	_	-	-	-	-
1302 1303.	-	-	-	<u> </u>	-
1304.	-	-	-	-	-
1305	-	-	-	-	-
1399. TOTALS (Items 1301 thru 1305 plus 1398) (Page 4, item 13)	-	-	-	-	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER					
EXPENSES 1501. NYS Graduate Medical Education Tax	178,409	182,059	241,282	3.94	4.0
1502. ACA Traditional Reinsurance Fee	-	-	316,764	-	5.2
1503. Flu Clinics 1504. Patient Care Outcomes Research Institution Fee (PCORI)	10,431	-	8,575 10,178	0.23	0.14 0.17
1505. ITS Supplemental Fee 1598. Summary of remaining write-ins for Item 15 from overflow page	767	-	-	0.02	-
599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15)	189,607	182,059	576,799	4	11
DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER					
ADMINISTRATIVE EXPENSES 20.801. Insurance (Directors & Officers, Professional Liability)	21,120	383,355	24,957	0.47	0.4
20.802. Stop Loss Premiums	481,465	182,926	720,784	10.64	11.9
20.803.		-	-	-	-
	-	-	-		-
20.805.	- 1		745,741	11	1:
20.805	502,585	566,281	745,741		
20.805.  20.898. Summary of remaining write-ins for Item 20.8 from overflow page 20.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)  DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER	502,585	566,281	745,741		
20.805.  20.898. Summary of remaining write-ins for Item 20.8 from overflow page 20.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)  DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER NCOME OR EXPENSES					
20.805.  20.898. Summary of remaining write-ins for Item 20.8 from overflow page 20.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)  DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES  Miscellaneous Expenses  Insured Ancillary Benefits Expense	(2,675) (94,555)	(722) (96,408)	(1,144) (127,864)	(0.06) (2.09)	(0.0)
20.805.  20.898. Summary of remaining write-ins for Item 20.8 from overflow page 20.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)  DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER NCOME OR EXPENSES 2701. Miscellaneous Expenses Insured Ancillary Benefits Expense Other Income	(2,675)	(722)	(1,144)	(0.06)	(0.02
	(2,675) (94,555) 1,538	(722) (96,408)	(1,144) (127,864)	(0.06) (2.09) 0.03	(0.0)

<sup>\*</sup> As reported on Prior Year End filed Annual Statement.

OF THE <u>Greater Tompkins County Municipal Health Insurance Consortium</u>
(Name)

### REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH (Continued)

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	1	2
	Total	Total
31. Capital and surplus prior reporting year	10,900,699	7.048.883
GAINS AND LOSSES TO CAPITAL & SURPLUS:	,	1,0.0,000
32. Net income or (loss) from Line 30	5,330,220	4,066,450
33. Change in valuation basis of aggregate policy and claim reserve	3,330,220	4,000,430
34. Change in net unrealized capital gains and losses less capital gains tax	_	-
		-
35. Change in net deferred income tax	-	-
36. Change in nonadmitted assets	-	-
37. Change in unauthorized reinsurance	-	-
38. Change in surplus notes	-	-
39. Cumulative effect of changes in accounting principles	_	-
40. Capital Changes		
40.1 Paid in	-	-
40.2 Transferred to surplus	-	-
41. Surplus adjustments:		
41.1 Paid in	-	-
41.2 Transferred from capital	_	_
42. Dividends to participating municipal corporations (or school districts)	_	_
43. Change in surplus per Section 4706(a)(5)	76,407	77.781
44. Change in retained earnings/fund balance	(76,406)	(77.781)
45. Interest on surplus notes	(76,406)	(77,781)
	-	(214.634)
46. Aggregate write-ins for changes in other net worth items		(214,634)
47. Aggregate write-ins for gains or (losses) in surplus	-	
48. Net change in capital and surplus (Lines 32 to 47)	5,330,221	
49. Capital and surplus end of reporting period (Line31 + 48)**	16,230,920	10,900,699
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS	•	(24.4.62.4)
4601. Additional Needed for 12% IBNR	\$ -	\$ (214,634)
4602. 4603. 4604. 4605.	-	-
4603.	-	-
4604	-	-
4605	-	-
4698. Summary of remaining write-ins for item 46 from overflow page		-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	-	(214,634)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS		
4701	\$ -	\$ -
4702.	-	-
4703. 4704.	-	-
4704.	-	-
4705.	-	-
4798. Summary of remaining write-ins for Item 47 from overflow page	-	_
4799. TOTALS (Items 4701 thru 4705 plus 4798) (Page 5, item 47)	_	-
1700. 1017 LO (10110 4701 till 4700 plus 4700) (1 ago 0, 1011 47)	<u> </u>	_

<sup>\*</sup> As reported on Prior Year End filed Annual Statement.
\*\* Must agree with Page NY 3 Line 22

OF THE

#### GENERAL INTERROGATORIES

. a)		s any change been made since the last eement; plan document or the number		nicipal cooperation agreement; administration of the corporations (or school districts)?	ation	Yes [ ]	No [ X ]
b)	If "Y i)	es", when was the filing request to cha If "approved", when was the filing req	-	documents filed with the Department of Fi	nancial Services?	Date:	
	',	approved, when was the hilling req	acst approved:			Date: Date: Date:	N/A N/A
	ii)	If not "approved" yet, what is the state	us of the filing request ar	nd the status date?		Date:	
					- - -	Date: Date: Date:	N/A N/A
c)	If "Y	'es", attach current copies of the docur	ments if they have not be	een previously submitted.	-	<i>Date</i> .	1477
. a) b)		te as of what date the latest financial e		P was made or is being made.  ame available from either the state or the		Date:	12/31/14
5)	com			sheet and not the date the report was com		Date:	12/31/14
. a)		any person, while an officer, director of covered by this statement, any com		entity, receive directly or indirectly, during transactions of the reporting entity?	g the	Yes [ ]	No [ X ]
b)	If "Y	es", give particulars:					
						<del>.</del> -	
. a)		s money loaned, directly or indirectly, of self-grant forms. Self-grant forms of the self-grant forms		by this report to any employee, officer, o	r director of the MCHBP?	Yes[]	No [ X ]
						4	5
		1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	Amount of Loan Principal Outstanding at Quarter End	Date Original Loan Was Issued
b)		Totals					
5,		s money loaned, directly or indirectly, poer, or director of the MCHBP? If "Yes"		d by this report, with an amount still outsta hedule below.	anding, to any employee,	Yes [ ]	No [ X ]
					3	4 Amount of Loan	5 Date Original
		1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	Original Loan Amount	Principal Outstanding at Quarter End	Loan Was Issued
a)	Is th	Totals  Totals of the MCHRP covered	by a fidelity bond?			Yes[X]	No [ ]
. a) b)		Totals  ne fiscal officer of the MCHBP covered  "es", give name of surety company, an				Yes [X]	No [ ]
. a) b)	If "Y	ne fiscal officer of the MCHBP covered  "es", give name of surety company, an	d amount of coverage:	easurer are both covered by the County of		onesty Bond (a.k.a. Fide	lity Bond)
b)	If "Y The This	ne fiscal officer of the MCHBP covered  (es", give name of surety company, an  Consortium Treasurer and the Conso  s coverage is provided though Fidelity	d amount of coverage: rtium Assistant to the Tre and Deposit Company of	easurer are both covered by the County of Maryland. Colonial American Casualty a Company. The coverage provided cove	and Surety Company, 1400	onesty Bond (a.k.a. Fide American Lane, Shaumi	lity Bond) burg, IL
b)	If "Y The This 601 and	ne fiscal officer of the MCHBP covered res", give name of surety company, an Consortium Treasurer and the Conso s coverage is provided though Fidelity 96. This company is a subsidary of Zi each person is covered up to \$2,000.	d amount of coverage: rtium Assistant to the Tre and Deposit Company of urich American Insurance 000 maximum.	Maryland. Colonial American Casualty a	and Surety Company, 1400 rs embezzlement and/or th	onesty Bond (a.k.a. Fide American Lane, Shaum e misappropriation of fur	lity Bond) burg, IL nds
b) b)	If "Y The This 601 and Wei	re all the stocks, bonds, and other sec HBP on the said date?	d amount of coverage:  intium Assistant to the Tre and Deposit Company of urich American Insurance 000 maximum.  urities owned as of the re	Maryland. Colonial American Casualty as Company. The coverage provided cover	and Surety Company, 1400 rs embezzlement and/or the	onesty Bond (a.k.a. Fide American Lane, Shaum e misappropriation of fur	lity Bond) burg, IL
b)	If "Y The This 601 and Wel MCI If "N Exc	ne fiscal officer of the MCHBP covered res", give name of surety company, an Consortium Treasurer and the Conso s coverage is provided though Fidelity 96. This company is a subsidary of Zieach person is covered up to \$2,000.  The all the stocks, bonds, and other second the said date?  No", give location:  Studing real estate and investments hele all stocks, bonds and other securities.	d amount of coverage: titium Assistant to the Tre and Deposit Company of prich American Insurance 000 maximum.  urities owned as of the re  No stocks, bonds, or oth d physically in the report s, owned throughout the	i Maryland. Colonial American Casualty as Company. The coverage provided cover exporting period in the actual possession of the securities owned by the Consortium at thing entity's offices, vaults or safety depose current year held pursuant to a direct cust	and Surety Company, 1400 rs embezzlement and/or the this time.  It boxes, odial agreement	onesty Bond (a.k.a. Fide American Lane, Shaum e misappropriation of fur	lity Bond) burg, IL nds
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b) b) c)	If "Y Thee This 601 and Wei MCI If "N Excc wer with Criti For	ne fiscal officer of the MCHBP covered (*es*, give name of surety company, an Consortium Treasurer and the Conso is coverage is provided though Fidelity 96. This company is a subsidiary of 21 each person is covered up to \$2,000, and other sechible of the stocks, bonds, and other sechible on the said date?  No", give location:  Ituding real estate and investments hele all stocks, bonds and other securities a qualified bank or trust company in a ical Functions, Custodial or Safekeepin agreements that conform to the required Name of Custodian(s).  No stocks owned at this time.	d amount of coverage:  Intium Assistant to the Tre and Deposit Company of orich American Insurance 000 maximum.  Intius owned as of the re No stocks, bonds, or oth d physically in the report s, owned throughout the accordance with Section ng Agreements of the NA ements of the NAIC Fina  2 Custodian's Address N/A  the requirements of the I  2 Location(s) N/A  of the MCHBP passed up N/A  or any other person or file	i Maryland. Colonial American Casualty at Company. The coverage provided pr	and Surety Company, 1400 rs embezzlement and/or the this time.  It boxes, odial agreement as, F. Outsourcing of ook?  Implete the following:	onesty Bond (a.k.a. Fide American Lane, Shaumi e misappropriation of fur  Yes [ X ]  Yes [ X ]  Yes [ X ]	No [ ]
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b) b) c) c) c)	If "Y Thee This 601 and Wei MCI If "N Excc wer with Criti For	ne fiscal officer of the MCHBP covered (*es*, give name of surety company, an Consortium Treasurer and the Conso is coverage is provided though Fidelity 96. This company is a subsidiary of 2 teach person is covered up to \$2,000, and other secritles of the stocks, bonds, and other secritles and investments hele all stocks, bonds and other secritles a qualified bank or trust company in a ical Functions, Custodial or Safekeepir agreements that conform to the requir Name of Custodian(s). No stocks owned at this time  all agreements that do not conform to attion and a complete explanation:  1 Name of Custodian(s). No stocks owned at this time  all agreements that do not conform to attion and a complete explanation:  1 Name(s). N/A.  he purchase or sale of all investments mittee thereof?  No", state who has the authority:  any present or former officer, director HBP which is not included in the finance (*es*, give details:  stee MCHBP been subject to any admity during the reporting period?	d amount of coverage:  intium Assistant to the Tre and Deposit Company of urich American Insurance 000 maximum.  In stocks, bonds, or oth d physically in the report s, owned throughout the iccordance with Section ng Agreements of the NAIC Final  Custodian's Address N/A  the requirements of the I  Location(s) N/A  of the MCHBP passed up  N/A  or any other person or ficial statements?	Maryland. Colonial American Casualty as Company. The coverage provided prov	and Surety Company, 1400 rs embezzlement and/or the sembezzlement and sembezzlement agreement agreeme	onesty Bond (a.k.a. Fide American Lane, Shaumi e misappropriation of fur  Yes [ X ]  Yes [ X ]  Yes [ X ]  Yes [ X ]	No [ ]
b) b) c) c)	If "Y The Got and Well McCriti For For Is the Comment of the Comme	ne fiscal officer of the MCHBP covered (*es*, give name of surety company, an Consortium Treasurer and the Conso is coverage is provided though Fidelity 96. This company is a subsidiary of 21 each person is covered up to \$2,000, and other secritles of the stocks, bonds, and other secritles all stocks, bonds and other secritles all stocks, bonds and other secritles all stocks, bonds and other secritles a qualified bank or trust company in a ical Functions, Custodial or Safekeepii agreements that conform to the requir Name of Custodian(s). No stocks owned at this time  all agreements that do not conform to tition and a complete explanation:  1 Name of Custodian(s). No stocks owned at this time.	d amount of coverage:  intium Assistant to the Tre and Deposit Company of urich American Insurance 000 maximum.  In stocks, bonds, or oth d physically in the report s, owned throughout the iccordance with Section ng Agreements of the NAIC Final  Custodian's Address N/A  the requirements of the I  Location(s) N/A  of the MCHBP passed up  N/A  or any other person or ficial statements?	i Maryland. Colonial American Casualty a Company. The coverage provided pro	and Surety Company, 1400 rs embezzlement and/or the sembezzlement and sembezzlement agreement agreeme	onesty Bond (a.k.a. Fide American Lane, Shaumi e misappropriation of fur  Yes [ X ]  Yes [ X ]  Yes [ X ]  Yes [ X ]	No [ ]  No [ ]  No [ X]

STATEMENT AS	OF September 30, 2015 OF THE Greater Tompkins County Municipal Health Insurance Consortiun (Quarter Ending) (Name)	m	-
	GENERAL INTERROGATORIES (Continued)		
11. a)	What is the percentage that the MCHBP uses for its claims payable reserve? 12%		
b)	Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)?	Yes[]	No [ X ]
c)	If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)?	Yes [X]	No [ ]
d)	If c) is "Yes", answer the following: i) When was the request filed with the Department of Financial Services?	Date:	11/02/13
	ii) When was the request approved?	Date:	N/A
	iii) If approved, please attach a copy of the approval letter.		
12. a)	Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis?	Yes [X]	No [ ]
b)	If No, give details: N/A		
	N/A		
13. a)	Was the MCHBP's prior year's annual statement amended?	Yes [ ]	No [X]
b)	If yes, furnish the following information regarding the last amendment to the prior year's annual statement		
	filed with the MCHBP's state of domicile  i) Amendment number N/A		
	ii) Date of amendment N/A		
14.	Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate		
14.	committees thereof?	Yes [X]	No [ ]
15. a)	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?	None	
b)	List the name of the firm and the amount paid if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.		
	1 2		
	NA Amount Paid		
16. a)	Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?	Yes [ ]	No [X]
b)	If a) is "Yes", provide the following:		
	i) Anticipated date of distribution.	Date: N/A	_
	ii) Anticipated amount of distribution.	N/A	_
	Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by		
17. a)	§ 4705(d)(5)(B) of the New York Insurance Law?	Yes [X]	No [ ]
b)	If a) is "Yes", answer the following:		
	i) When was the request filed with the Department of Financial Services?	Date: 10/01/10	-
	ii) When was the request approved?	Date: N/A	-
	iii) If approved, please attach a copy of the current community rating methodology as well as the approval letter.		
c)	If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:		
•	This information was submitted as part of our application process to the state and was approved at that time		
•	A defacto authorization has been deemed to be received as the Consortium received a Certificate of Authority to operate on 10/1/10  Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)?	V [ V ]	No. C. 1
18. a) b)	If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law?	Yes[X] Yes[]	No [ ]
·	If b) is "Yes", answer the following	res[ ]	NO[]
•	i) When was the request filed with the Department of Financial Services?	Date:	
	ii) When was the request approved?	Date:	
	iii) If approved, please attach a copy of the approval letter.		
d)	If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intents to correct this violation?		
•			
19. a)	Has the MCHBP changed its CPA since the last Annual Statement filing?	Yes [ ]	No [ X ]
	<ol> <li>If answer is Yes, did the MCHBP submit the required notifications as outlined in New York State Department of Financial Services Insurance Regulation No. 118 (11NYCRR 89.4(c))?</li> </ol>	Yes [ ]	No [ ]
	ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following information for the new CPA:		
	iii) Name		
	iv) Address		
	v) Telephone Number		

vi) Email Address

(Quarterly Ending)

#### SCHEDULE A — CASH AND CASH EQUIVALENTS

Description  Code  Acquired Rate of Interest Book/Adjusted Carrying Value  Depository Cash  XXX	1	2	3	4	5	6	7	8	9
Tompkins Trust Company	Description	Code		Rate of Interest	Maturity Date		Received During	Due & Accrued at end of Current	Balance
XXX		XXX						XXX	XXX
XXX	Tompkins Trust Company	XXX	XXX	0.095	XXX	XXX	2,617		14,908,907
XXX			XXX		xxx	XXX			
XXX			XXX		XXX	XXX			
XXX			XXX		XXX	XXX			
XXX			XXX		XXX	XXX			
XXX			XXX		XXX	XXX			
XXX			XXX		XXX	XXX			
XXX         XXX <td></td> <td></td> <td>XXX</td> <td></td> <td>XXX</td> <td>XXX</td> <td></td> <td></td> <td></td>			XXX		XXX	XXX			
0199999 Total Cash on Deposit         XXX         XXX         XXX         XXX         XXX         XXX         2,617         -           0299999 Cash in Company's Office         XXX			XXX		XXX	XXX			
0299999 Cash in Company's Office         XXX         XXX <th< td=""><td></td><td></td><td>XXX</td><td></td><td>XXX</td><td>XXX</td><td></td><td></td><td></td></th<>			XXX		XXX	XXX			
0399999 Total Cash XXX XXX XXX XXX XXX 2,617 -	0199999 Total Cash on Deposit	XXX			XXX	XXX	2,617	-	14,908,907
Description Cash Equivalent XXX XXX XXX XXX XXX XXX XXX XXX XXX X								XXX -	14,908,907
	Description Cash Equivalent	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX
0499999 Total Cash Equivalent         XXX         XXX         XXX         XXX         -	0499999 Total Cash Equivalent 0599999 Total Cash and Cash Equivalent		XXX	XXX	XXX XXX	\$ -	\$ 2.617	- \$	\$ 14,908,907
NOTE: Negotiable certificates of deposit to be reported in Schedule B.							,		

# SCHEDULE B — INVESTMENTS

1	2	l 2	1 4	5	6	7	0
CUSIP	2	3 Dan Value	4	5	6 Book/Adjusted Carrying Value	7	8 Stated Contractual Maturity Date
Identification	Description	Par Value	Actual Cost	Fair Value	Carrying Value	Acquired	Maturity Date
0199999	Total bonds	-	\$ -	\$ -	\$ -	XXX	XXX
1 CUSIP	2	3 Number of	4 Par Value	5	6 Fair	7	8 Date
CUSIP Identification	Description	Number of Shares	Par Value per Share	Actual Cost	Fair Value	7 Book/Adjusted Carrying Value	Date Acquired
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	XXX	XXX
7001	LIST FETERICA STOCKS	7000	7000	7000	7000	7000	7000
0299999	Total Preferred Stocks		XXX	\$ -	\$ -	\$ -	XXX
0299999 XXX	Total Preferred Stocks List Common Stocks	XXX	XXX	\$ -	\$ - XXX	\$ -	XXX
		XXX	XXX				
		XXX	XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
XXX		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX	XXX	XXX	
XXX	List Common Stocks	XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX	XXX	XXX	XXX

#### SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

Name of Debtor	1 1 20 Dava	2 24 60 Dave	3 64.00 Dove	4 Over 00 Pays	5 Non-Admitted	6 Admitted
	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Non-Admitted	
ns Cortland Community College	19,744	-	11,290		-	\$ 31,034
					-	-
					-	-
					-	
					-	
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	19,744	-	11,290	-	-	31,034
0299999 Receivables Not Individually Listed					-	-
<b></b>						
0399999 Gross Premiums Receivable	19,744	-	11,290	-	-	31,034
0499999 Less Allowance for Doubtful Accounts						
<b></b>						
0599999 Premiums Receivable					-	31,034

eptember 30, 2015 OF THE

N.Y. SCHEDULE F — QUARTERLY UNPAID CLAIMS DEVELOPMENT SCHEDULE

A	Claims Paid During the	Claims Unp of Current C Estimated Lia of Curren	Quarter Viz: ability at End	F Total Claims Paid During the Fiscal Year and Claims Unpaid	G Estimated	Н	
Description of Claims	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year	at End of Current Quarter on Claims Incurred in Prior Years (B + D)	Liability of Unpaid Claims at End of Previous Fiscal Year	Amount Unpaid Claims is Over or (Under) Reserved
Hospital & Medical Claims	1,630,627	15,911,988	-	3,875,187	1,630,627	2,738,512	1,107,885
2. Drug Claims	21,613	6,158,636	-	22,647	21,613	22,647	1,034
3. Other	-	-	-	-	-	1,039,108	1,039,108
4. TOTAL	1,652,240	22,070,624	-	3,897,834	1,652,240	3,800,267	2,148,027

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1, Column 2

STATEMENT AS OF	September 30, 2015	OF THE	Greater Tompkins County Municipal Health Insurance Consortium
	(Quarter Ending)		(Name)

#### SCHEDULE G — ACCOUNTS PAYABLE

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

	1	2	3	4	5	6
Account	1-30 Days	31-60 Days	61-90 Days	91 - 120 Days	Over 120 Days	Total
TC Dept of Finance	3,043					3,043
Don Barber	1,901					1,901
Excellus	19,718					19,718
Hancock and Estabrook	2,085					2,085
Genesee Stamp & Stationary	27					27
ProAct	334,783					334,783
Michelle Pottorff	11					11
Locey & Cahill	1,244					1,244
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
0199999 Total Accounts Payable - Individually Listed	362,812	-	-	-	-	362,812
0299999 Aggregate Accounts Not Individually Listed - Due						-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						-
	000.040					000.040
9999999 Total Accounts Payable	362,812	-	-	-	-	362,812

The columns for future quarters should be left blank; however, all previous quarters and prior year end columns should be completed. In addition, please note that you are not to add the current quarter to the previous quarter or prior year end values as these columns are an actual count as of the last day of the quarter and are not cumulative.

#### SCHEDULE I-1 — PARTICIPATING MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of Participating Municipal Corporations	15	16	17	17	
3					

### SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS) ENROLLED

A	B Prior	С	D	E	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of employees and retirees enrolled	2,268	2,308	2,309	2,306	

#### SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

А	B Prior	С	D	E	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of total lives covered	60,174	15,128	15,062	15,086	

#### SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

1. Number of paticipating Municipating	al Corporations (or school districts)
--	---------------------------------------

- 2. Number of enrolled members
- 3. Maintains Stop-loss insurance as required by 4707(a)
- 4. Percentage used to calculate the Surplus per Section 4706(a)(5)

- Annualized Net premium income
   Surplus per Section 4706(a)(5) using Annualized Net Premium Income
   Surplus per Section 4706(a)(5) From last Fiscal Year Statement
   Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1

Current Quarter
17
2,306
Yes
5.0%
37,591,437
1,879,572
1,803,165
1,879,572

STATEMENT AS OF

September 30, 2015

2015 OF THE

OVERFLOW PAGE FOR WRITE-INS uarter Prior Year to Date Previous Year \* Current Quarter Previous Year \* PMPM Page NY 2
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS TIEM 8 FOR INVESTED ASSETS
0806.
0807.
0808.
0809.
0810.
0898. TOTALS (Items 0806 thru 0810) XXX XXX XXX XXX Page NY 2
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS 1606. 1607. XXX XXX 1608. 1609. XXX XXX XXX XXX Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT
ITEM 10 FOR OTHER LIABILITIES 1006. 1007. XXX XXX 1008. 1009. 1010. 1098. TOTALS (Items 1006 thru 1010) Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES
1506.
1507.
1508.
1509.
1510.
1598. TOTALS (Items 1506 thru 1510) XXX XXX XXX XXX XXX XXX XXX XXX XXX Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 1706. XXX XXX 1707. 1708. 1709. 1710. 1798. TOTALS (Items 1706 thru 1710) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT
ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES
0406.
0407.
0408.
0409.
0410.
0498. TOTALS (Items 0406 thru 0410) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER HOSPITAL AND MEDICAL 1306. 1307. 1308. 1309. 1310. 1398. TOTALS (Items 1306 thru 1310) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 1506. 1507. 1508. 1509. Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES 20.806.
20.807.
20.808.
20.809.
20.809.
20.810.
20.898. TOTALS (Items 20.806 thru 20.810) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES 2706. 2707. 2708 2709. 2710. 2798. TOTALS (Items 2706 thru 2710)

<sup>\*</sup> As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR WRITE-INS Page NY5
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS 4606.
4607.
4608.
4609.
4610.
4698. TOTALS (Items 4606 thru 4610) Page NY5
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS
4706.
4707.
4708.
4709.
4710.
4798. TOTALS (Items 4706 thru 4710)

<sup>\*</sup> As reported on Prior Year End filed Annual Statement.